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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	PHUS020555
First Named Inventor	SALEH OSMAN
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PRESERVING LINEARITY OF AN ISOLATOR-FREE POWER AMPLIFIER BY  
DYNAMICALLY SWITCHING ACTIVE DEVICES**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \*24737\* OR  Correspondence address below

Philips Electronics North America Corporation

Name

P.O. BOX 3001

Address

BRIARCLIFF MANOR

City

NY

State

10510

ZIP

U.S.A.

Country

(914) 945-6000

Telephone

(914) 332-0615

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name SALEH  
(first and middle [if any])

Family Name OSMAN  
or Surname

Inventor's  
Signature

Date

NORWOOD

MA

USA

GREAT BRITAIN

Residence: City

State

Country

Citizenship

2906 VILLAGE ROAD WEST

Mailing Address

NORWOOD

MA

02062

USA

City

State

Zip

Country

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name RICHARD F.  
(first and middle [if any])

Family Name KEENAN  
or Surname

Inventor's  
Signature R. F. Keenan

Date 13/5/04

MEDWAY WHITINSVILLE

MA

USA

USA

Residence: City

R.K.

State

Country

Citizenship

280 VILLAGE STREET UNIT G1

Mailing Address

103 Carole Lane

R.K.

MEDWAY

R.K.

MA

02050

R.K.

USA

City

State

Zip

01588

Country

Additional inventors are being named on the 1<sup>ST</sup> PAGE supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box —



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
JAROSLAW		LUCEK		
Inventor's Signature			Date	
Residence: City	CUMBERLAND	State	RI	Country
Residence: City	CUMBERLAND	State	RI	Country
Mailing Address 40 GREEN MEADOW LANE				
Mailing Address				
City	CUMBERLAND	State	RI	ZIP 02864 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
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Inventor's Signature			Date	
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Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		*24737*		OR <input checked="" type="checkbox"/> Correspondence address below
Philips Electronics North America Corporation				
<b>Name</b>				
P.O. BOX 3001				
<b>Address</b>				
BRIARCLIFF MANOR	NY	10510		
<b>City</b>	State	ZIP		
U.S.A.		(914) 945-6000	(914) 332-0615	
<b>Country</b>		Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name OSMAN or Surname		
Inventor's Signature		Date		
NORWOOD	MA	USA	GREAT BRITAIN	
<b>Residence: City</b>	State	Country	Citizenship	
2906 VILLAGE ROAD WEST				
<b>Mailing Address</b>				
NORWOOD	MA	02062	USA	
<b>City</b>	State	Zip	Country	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name KEENAN or Surname		
Inventor's Signature		Date		
MEDWAY	MA	USA	USA	
<b>Residence: City</b>	State	Country	Citizenship	
280 VILLAGE STREET UNIT G1				
<b>Mailing Address</b>				
MEDWAY	MA	02053	USA	
<b>City</b>	State	Zip	Country	
<input type="checkbox"/> Additional Inventors are being named on the <u>1<sup>ST</sup> PAGE</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box - 

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JAROSLAW		LUCEK	
Inventor's Signature	<i>Jaroslaw Lucek</i>		Date <i>12-4-03</i>
Residence: City	CUMBERLAND GREENSBORO	State	RT NC
Mailing Address	40 GREEN MEADOW LANE 307 TOWER LN		
Mailing Address			
City	CUMBERLAND GREENSBORO	State	RT NC
ZIP	02864-27410		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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